

## **Bureau of Milwaukee Child Welfare Report**

According to the Human Services Reporting System, Wisconsin had 232,932 adults with a serious mental illness in 2008. It is estimated that approximately twenty percent of adults with chronic mental illness have children; thus in Wisconsin, there are about 45,000 parents with a mental illness. These children are at an immense risk for developing a psychiatric condition or psychosocial problems such as poor school performance and poor social skills. It is estimated that parents with a mental illness lose custody of their children at rates as high as seventy to eighty percent. Thus, the likelihood for poor, costly and potentially devastating outcomes for these families are great. It is critical that these families are provided with effective, evidence-based interventions in each of their communities. Mental Health America of Wisconsin (MHA) meets this need.

Developed as a first-of-its-kind mental health program in Wisconsin, the Invisible Children's Program (ICP) provides direct services to families with parental mental illness. ICP addresses the needs of a population that previously was not being reached in Milwaukee County. The MHA's ICP is modeled after a nationally recognized MHA program in Orange County, New York. The program mission is to empower parents to meet their children's needs and improve the overall health of their family, in turn preventing child neglect, abuse, infant mortality, childhood injuries, and future mental illness.

### **PROGRAM NEED**

Typically, when a parent with mental illness enters the mental health system, their children often are forgotten or in many cases, these children are "invisible" until severe problems such as neglect, conduct disorder, violent behavior, abuse, depression, or suicide arise, often separating the children from their parent(s). The ICP targets children whose lives have been compromised by the trauma of their parent's mental illness. The picture is grim for these families. It is estimated that 50-65% of children referred into the foster care system come from families with mental illness. Also, as mentioned above, it is estimated that seventy to eight percent of these families will lose custody of their children. When broken down for Wisconsin, possibly 36,000 parents could lose custody of their children. As you may know, many of these children also come from families with mental illness, substance abuse, or both.

The ICP enhances ongoing care with additional support services in the areas of parenting, mental health and treatment education, mentors, advocacy, support groups, family strengthening activities, and other services that will enhance the wellness of the family. The program empowers parents to access community resources, enhance parent-child interaction, increase parent self-confidence in meeting their children's needs, and provide mentoring and education for the school age children. Attention to isolated, struggling families will reduce the likelihood that the children will end up in foster care, reduce the incidence of neglect and abuse, and reduce the risk of mental illness in a high risk population of children.

Parents, for the most part, want to be the best parents that they can be, and the presence of a mental illness has no bearing on the desire to do so. The reality is, however, parents with mental illness not only have the challenge of parenting but also the challenge of living with mental illness while parenting effectively. Their mental illness gives them special challenges that affect their children's well-being. These children are at increase risk for health problems, neglect, abuse and childhood injuries. These children often have difficulty in school settings, have poor communication skills, withdraw, isolate, and have difficulties with

trust and low self-esteem. Wraparound Milwaukee reports that out of the 211 families represented in their Quality Assurance/Improvement Semi-Annual Report from Jan. 1<sup>st</sup> – June 30<sup>th</sup>, 77 (36%) of them had a parent with a mental illness. Out of 210 youth represented, 96 (46%) of them had a history of psychiatric hospitalization. **This data from our own community is staggering!**

Because of the unique challenges in families coping with mental illness, the ICP concentrates specifically on increasing positive parent- children interaction, reducing the incident of abuse and neglect and fortifying resilience in the children.

Parents with mental illness need a program such as ICP that concentrates on building positive factors and supports the parent's efforts of holding their families together and raising healthy children. The ICP targets the frequently under served minority populations who often indicate they have a high level of shame, isolation and helplessness when seeking treatment and services for their mental illness or children's needs.

### **PROGRAM OBJECTIVES**

**For parents, the primary objectives of the program are to:**

- Empower and assist them in meeting the needs of their child.
- Increase the likelihood of a safe and nurturing environment for their children.
- Improve the mental well-being of the parent.
- Enhance their ability to seek support and linkages in the community so that they can manage and function in the community with their children.

**For the children, the primary objectives are to:**

- Increase protective factors.
- Provide a safe, understanding environment.
- Improve coping strategies.
- Reduce the risk of mental illness in the child as an adolescent or adult.

### **PROGRAM STRATEGIES**

Effective methods of assessing parenting capability in the context of mental illness are crucial. Methods and sound parenting assessment strategies are important to identify specific parenting strengths and weaknesses in which interventions might improve parenting skills. The MHA staff developed a research-based family needs assessment.

Once the priority needs of each family are determined from the assessment profile, they are used to match parents and children to the appropriate support and education services. Families are encouraged to participate in the following ICP services that meet their particular needs.

- **Treatment Education** – Assist parents with treatment concerns, help pregnant mothers re-evaluate medication to prevent birth defects, and attend treatment reviews upon request.
- **Family Nights** - Parents and children learn interpersonal skills, develop coping skills and support systems.
- **Mentoring** – Link parent and child with mentors who also have a family history of mental illness. Positive role modeling.
- **Advocacy** – The advocacy needs fall in the areas of treatment of mental health needs, parental rights, custody loss, legislation, litigation, policy information, and resources and referrals.
- **Parent Education** – Provide parenting skill building, promote positive parent-child interaction, provide nurturing enhancement, and early education program resources.
- **Mental Health Education** – Educate children and parents about their particular mental illness and teach the child skills to socialize with peers.

- **Build community resources and linkages** to assist during chaotic/crisis times such as food shelter, a childcare emergency list, clothing, and transportation.
- **Support Groups** – Offer the children group activities such as art therapy and time with peers whose parents also experience mental illness. Support for parents to encourage and enhance mental wellness and positive interaction with children.
- **Consultation and advocacy** for children with school personnel to promote academics, attendance, and positive school behavior.
- **Family Outings** – Provide zoo, museum, theater, bowling, sporting events and academic events such as parent-teacher conferences.
- Provide **youth enrichment and entertainment activities**.
- Provide **school supplies** and sporting equipment.
- Provide **hygiene/personal grooming education** to parent and child.
- Provide birthday clubs and other services that would enhance the wellness of the children.

As needs arise, additional services are developed.

The program provides cost-effective support services that aid the parent with a mental illness and their children in raising their level of self-sufficiency and functioning as a family. The goal is to help the parent gain useful parenting skills along with other support services so they can become effective parents in their children's lives. The goal for children of parents with mental illness is to assist them in avoiding the judicial system, prevent loss of family, increase positive school interaction and decrease the risk of mental illness. These families need a program that concentrates on their special needs related to the struggle of holding their families together. Early intervention with child and parent can prevent abuse, neglect, childhood injuries, and failure to thrive syndrome.

### **PROGRAM EVALUATION**

MHA's ICP outcomes are measured according to data obtained from pre/post questionnaires, the Parent Stress Index, the Adult-Adolescent Parenting Inventory and a newly developed research tool specifically for the parent and provider. These tools are administered to the parent every six months.

In 2008, the ICP completed a program evaluation. The results of this evaluation indicated that a majority of parents experienced a reduction in stigma associated with their mental health and their overall level of stress. A majority of parents also experienced an increase in positive interaction between themselves and their children, the amount of meaningful activity in their life, their overall satisfaction with life, and the belief in their own abilities as people. Another important finding is that ICP does in fact decrease the number of psychiatric hospitalizations amongst parents with a mental illness.

MHA sent a survey out to those providers/agencies that refer families to the ICP. 100% of referrals felt as though the family accomplished what they were hoping to achieve when partnering with the ICP. 100% of referrals said things with their client(s) were better after working with the ICP. A Milwaukee therapist states "The clients that have participated in the ICP really gained from the education and support they received. What a benefit to be a community support!". A BMCW Assessor writes, "I witnessed a significant improvement with clients gaining understanding about the mental illness they had been diagnosed with and in them accessing treatment on a more consistent basis. Also was able to witness clients taking more effective charge of their lives, creating a stable daily life schedule and becoming more attentive and present to their children".

ICP began a partnership with the Bureau of Milwaukee Child Welfare in 2001. To date, we have worked with 53 families. **Of those families that successfully completed our program,**

**83% of them were reunified. 100% of the families referred to us by BMCW Safety Service, remained together and did not become part of BMCW Ongoing Services.**

### **PROGRAM COSTS**

The community mental health system in Wisconsin strives to provide an array of services to the consumer to reduce the need for inpatient treatment and reduce the disturbance caused to the family by hospitalization. Once a patient is hospitalized, aftercare service coordination with the community mental health system is supposed to be initiated on the day of the consumer's admission to keep the length of the hospital stay to a minimum and to assure a reduced number of re-admissions. To do this, we must make sure these patients have an appropriate and cost-effective outpatient program available in their community. If they are assigned to a program that doesn't meet their needs, they will most likely be re-admitted and the State will not be able to reduce the rate of unnecessary admissions and re-admissions.

Parents with a mental illness often have no other choice but to receive treatment from a psychiatric hospital or institute. According to the Bureau of Health Information, Division of Health Care Access and Accountability, the average length of stay in the State for a psychiatric hospitalization in 2007 was 9 days. With an average cost of \$860 per day, the average psychiatric hospital stay costs \$7,740. The average overall cost per month/per enrollee for Wraparound Milwaukee services is \$3,786. For the same cost of **just** these two services, the ICP can serve a family of four for **one year!** Below is a list of services that ICP provides, next to those same services which are so often purchased separately.

#### **ICP**

Family Advocate/Case Management  
Evaluations  
Assessments  
Nurturing Parenting  
Parenting Assistance  
Mental Health Education  
Family Recreation Activities  
Transportation  
Home Management  
Food/Commodities  
Childcare  
Life Skills  
Individual Therapy  
Family Therapy

**Total per Month: \$1,000**

#### **Individually Purchased Services**

Group Therapy (bi-weekly) -	\$48
Anger Management (bi-weekly) -	\$64
Family Therapy (bi-weekly) -	\$128
Parenting Assistance (weekly) -	\$200
Individual Therapy (weekly) -	\$256
Life Skills (weekly) -	\$768
Parenting/Nurturing (weekly) -	\$264
Transportation (once weekly) -	\$800

**Total per Month\*: \$2,528**

\*Month is based on 4 weeks.

As you can see from above, ICP includes items that are not listed in the BMCW Individually Purchased Services. ICP also includes food, school supplies, gifts, entertainment, childcare and advocacy. In sum, the ICP shows results in immense savings, including economic savings for the community, in emotional value for the lives of family members and in human potential.

#### **References:**

- SAMHSA. Critical Issues for Parents with Mental Illness and their Families. Retrieved from <http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0109/ch3.asp>.
- Wisconsin Department of Health Services. Human Services Reporting System. Retrieved from <http://www.dhs.wisconsin.gov/hhrs>.
- Wraparound Milwaukee. (January 1<sup>st</sup> – June 30<sup>th</sup>, 2009). Quality Assurance/Improvement Semi-Annual Report.